DOCUMENT RESUME

ED 154 974 RC 010 545

TITLE	Indian Health Service Training Center, Health Services Management Training Course TC-72-1 (January 24-February 11, 1972): A Descriptive Analysis of Health Care Communications Pertaining to the Canoncito Navajo Community.
INSTITUTION	Public Health Service (DHEW), Washington, D.C. Div. of Indian Health.
PUB DATE	24 Jan 72
NOTE	53p.
EDRS PRICE	MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS	American Indians; Community Characteristics; Community Health Services; Community Problems; *Health Personnel; *Health Services; *Interagency Cooperation; *Organizational Communication; Organizational Theories; Public Relations; Questionnaires; *Reservations (Indian); Tribes
IDENTIFIERS	Canoncito Navajos; *New Mexi o (Canoncito)

ABSTRACT

Members of the Health Services Management class conducted a descriptive analysis of health care communication pertaining to the Canoncito Navajo Community and offered "meaningful" alternatives of communication and management to the community. Two committees gathered data to describe communications within and between organizations supplying health care services to Canoncito and to evaluate the effectiveness of communication to the consumers. A 36-item questionnaire was used to interview Tribal officials, Indian Health Service (IHS) staff, and Canoncito community health workers. Organizational charts and maps were obtained when possible. A 4-major-item questionnaire was used to interview 20% of the families in the community. Among the findings were: the organizational charts showed that not all employees were oriented to the overall organizational status of their positions; Tribal and IHS employees indicated that most of their communication was on a verbal level; most people went to Albuquerque for their health needs, but were aware of other places to go; the majority of the consumers felt that community problems and their own problems were identical; three major problem areas were water, transportation, and housing. Recommendations included: program planners should have a detailed knowledge of other agencies so that new programs do not unnecessarily duplicate existing programs; a program to provide routine home maintenance, fuel, and water for older people on the reservation should be considered. (NQ)

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COVER DESIGN

Components making up the cover design were suggested by Canoncito community leaders.

Some similarity to certain components of the Great Seal of the Navajo Tribe may be noted.

The rope border apparently has no major significance, other than to designate limits of the design.

Inside the rope border is a palisade of arrowheads pointing outwards.*

The center of focus designates the Chapter House of the Canoncito Navajo Community.

Cover design by:

Warren V. Judd, D.D.S.
& Gordon J. Wilson

*This signifies protection for the Canoncito Navajo Community which is represented by a map in the center.

ACKNOWLEDGMENTS

The members of the Health Services Management Class (TC-72-1), Desert Willow Training Center, Tucson, Arizona, express their appreciation and gratitude to the people of the Canoncito Navajo Community for their excellent cooperation, very fine assistance, and hospitality while conducting this project. The members especially wish to thank the following persons for their invaluable assistance:

Leon Secatero----------Chapter President
George Platero----------Tribal Councilman
----------Tribal Representative to the Albuquerque Area Health Board
----------Member of the National Indian Health Board
Dolores Platero----------Community Health Representative
Raymond Secatero----------Navajo Case Worker
Billy Platero----------Otitis Media Worker
Marie Chavez----------Head Start Cook

The class also thanks the staff of the Indian Health Service, Albuquerque Area, and the staff of the Office of Navajo Economic Opportunity.

Special thanks is given to Irving Schlafman, Nadine Rund, and Dean Wilson for their excellent presentation of management principles, and their guidance in carrying out the project; to Vicki Shulock and Rozina Taylor for their patient and cooperative clerical support; and to the Desert Willow Audio-Visual Team for their cooperation in the preparation of the cover design, maps, etc.

PREFACE

I. The February, 1972, class in Health Services Management (TC-72-1), sponsored by the United States Indian Health Service, was composed of health professionals of various disciplines.

The first week of the course consisted of classroom lectures and practice exercises in management skills, leadership styles, program planning, and field study design.

During the second week, a field project was conducted, pertaining to the Canoncito Navajo Community.

The third week was spent in compiling and analyzing data, preparing this report, and presenting it to a review board composed of representatives from the Canoncito Navajo Community, Albuquerque Service Unit, and the Tucson Indian Health Complex.

II. Objectives of Course:

To provide to the class, through classroom and field study, knowledge and experience related to the application of improved concepts of health services management.

III. Objectives of Field Project:

To descriptively analyze health care communication pertaining to the Canoncito Navajo Community and to offer meaningful alternatives of communication and management to the community.

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BACKGROUND INFORMATION AND BRIEFINGS

The Canoncito Navajo Community is located 35 miles west of Albuquerque and consists of 68,000 acres of Tribal land.

This Tribal group has been separated from the Navajo Tribal organization for many years. Legend states that many years ago, this faction of the Tribe could not agree with the main Tribe and migrated to the east where they could 'think their own thoughts and live their own lives'. Like other Navajo groups, the Canoncito Navajo have never considered themselves a Tribe until comparatively recent times. The Dineh (the people), as they call themselves, share a common language, religion, and customs and consider themselves to be one people. They live in a series of loosely knit matrilineal clans and extended families, which occupy a common area.

In 1938, the present Chapter-representative Tribal Council system was originated by the Bureau of Indian Affairs. The Canoncito Chapter of the Navajo Tribe elects a President, Vice-President, Secretary-Treasurer, and a Chapter Councilman who represents Canoncito at the Navajo Tribal Council at Window Rock, Arizona.

At the present time, there are approximately 1,200 Navajo people living in the Canoncito community. The main language is Navajo although many people do speak or understand English. Both Navajo and English are now being taught in the schools at Canoncito.

One BIA Boarding School is located in the community. Presently, 132 students attend the school with 65 of the children living at the school. A school bus is also used for transporting students. Kindergarten, Head Start and grades 1 through 3 are available at the Canoncito Community. Approximately 160 students are taken by bus to the Albuquerque Public Schools.

There are three churches of two denominations now serving the Canoncito people. One other denomination is trying to come into the community.

One paved road extends off the Interstate 40 highway to go through part of the community and up to the BIA School and PHS Clinic facility, which is in a building adjacent to the school. All other roads are the ones made by the people who use them, and these roads become very muddy and rough following rain or snow.

Some of the people continue to live in hogans, use wagons, and maintain the traditional culture of the Navajo. Electricity has been made available in the community. Water is piped from a well 5 miles to a storage tank on a hill near the Chapter House. Drinking water is also carried in from Albuquerque by some of the people because of the red color and metallic taste of the local water supply. At the present time, only 10 homes have been supplied by the system. Telephone service is very limited.

Employment is limited to seasonal jobs, BIA and Tribal projects, OEO programs, and raising of some livestock. Native arts and crafts are sold by the people, and there is a silversmith shop near the Chapter House which is operated by a firm in Albuquerque.

Briefing by Canoncito Community Officials

A Tribal briefing was presented to the class by Mr. George Platero. He described the health related services available at Canoncito, pointing out that services were supposed to be available in the following areas:

1. Otitis Media
2. Mental Health
3. Alcoholism
4. Sanitation
5. Community Health Representative

He also described the physical facilities of Canoncito.

The political structure of the Navajo Tribe was described by Mr. Leon Secatero. He then led a discussion of community health problems and presented a list of health priorities which had been developed in a Chapter meeting. They are as follows:

1. Expansion of the water system
2. Establishment of a TB Control Program
3. Establishment of a local alcoholism rehabilitation center
4. Program for old age
5. Day Care Center

Briefing by the Indian Health Service

Mr. Glenn Bobst, Albuquerque Service Unit Director, gave an overview of the Service Unit and introduced other members of his staff.

Canoncito is one of the nine communities for which the Service Unit is primarily responsible for health care. This includes the Health Center at Laguna which is presently providing the health services at the Canoncito Health Station. A program plan for the Service Unit does include the Canoncito Navajo Community.

There is a large contract medical care program available for patient care and consultation in Albuquerque.

The Albuquerque Area Office has a staff of branch chiefs representing the various disciplines that are available on request for consultation.

Miss Maxine Nickolson, PHN, described some of the work that she has been involved with at Canoncito such as the TB testing, maternal and child health, and related programs.

Dr. Felix Hurtado, Chief, Maternal and Child Health, Albuquerque Area, briefly reviewed the otitis media program which is implemented through the University of New Mexico Medical Center.

DEFINITION OF TERMS

For the purpose of this report, the following terminology is presented:

1. Canoncito Navajo Community - Indian residents of the Canoncito Navajo Indian Reservation.

2. Communication - the interchange of information and ideas with understanding.

3. Health Care - organized preventive, curative, and rehabilitative services to promote physical, mental, and social well-being of people.

METHODOLOGY

Background information and Canoncito Tribal health care concerns were given to the study group at the Canoncito Navajo Reservation during orientation, January 30, 1972, by Tribal officials and representatives from the Indian Health Service. There were field visits to the Canoncito Navajo Community, Laguna Health Clinic, Albuquerque Service Unit Office and Albuquerque Area Office during the remainder of the week.

After much discussion, the study group elected to limit its efforts to describing health care communications relating to the Canoncito Navajo Community. In order to do this, two committees were formed. One developed a questionnaire to gather data to describe communications within and between organizations supplying health care services to Canoncito. The other committee developed a questionnaire to gather data to evaluate the effectiveness of communication to the consumers.

Each group was instructed in interview techniques, explanation of the questionnaires, and areas to be sampled. A formal questionnaire with 36 questions was used when interviewing Tribal officials, Indian Health Service staff, and Canoncito Community Health Workers (See Appendix I). Only those involved in health care delivery to Canoncito were interviewed. Organizational charts and maps were obtained when possible. A questionnaire with four main questions was used when interviewing residents of the community (See Appendix II). Interpreters were used when necessary. Approximately twenty percent of the families in the community were interviewed.

The data from the questionnaire was compiled and analyzed during the third week of the course. The results of the questionnaires, discussion, and conclusion follows.

RESULTS

Introduction

I. The results of the health care personnel questionnaire were grouped into four basic categories. The relevant portions of the questionnaire will precede each basic category.

The first of these, dealt with three types of organizational charts: 1) the formal structure as documented by official organizational charts; 2) the interviewees' concept of the formal structure; and 3) the informal lines of communication as expressed by those interviewed.

The second category was oriented to communications within each organization represented by those interviewed.

Thirdly, data concerning communications between organizations will be presented.

A fourth category of results pertinent to communications between organizations and the community will be presented.

The remaining results deal with the opinions of those interviewed regarding the usefulness of the data gathered by this questionnaire.

II. The results of the consumer questionnaire will be presented question by question.

The presentation of the results will be a stable base from which discussion and recommendations can be made.

Health Services Personnel Questionnaire

Official organizational lines as compared with employee's concepts of official organizational lines.

This chart is based on data obtained from the following questions in conjunction with official organizational charts:

1) Who is your supervisor?

2) Where is his office?

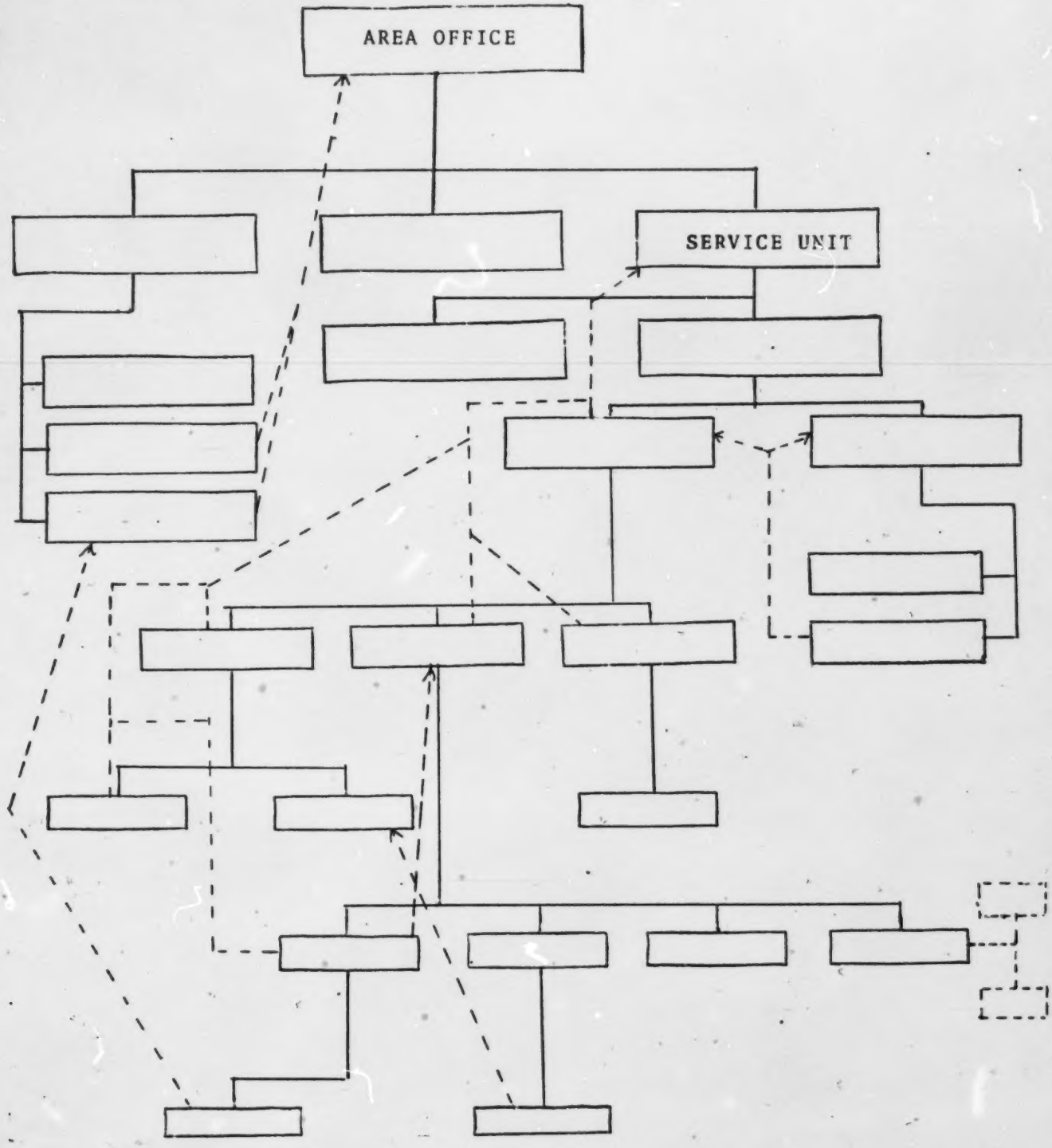
3) Who do you supervise?

Results: The responses of government and Tribal employees to these questions are depicted graphically (See Page 9 and 10). The contrast between official organizational lines and the conception of those lines by employees are onto official organizational charts.

The deviations from official line as charted by the dotted lines indicate that some employees do not regard official organization lines as the actual chain of command.

Official Organizational Lines as Compared with Employee Concept of Official Organizational Lines

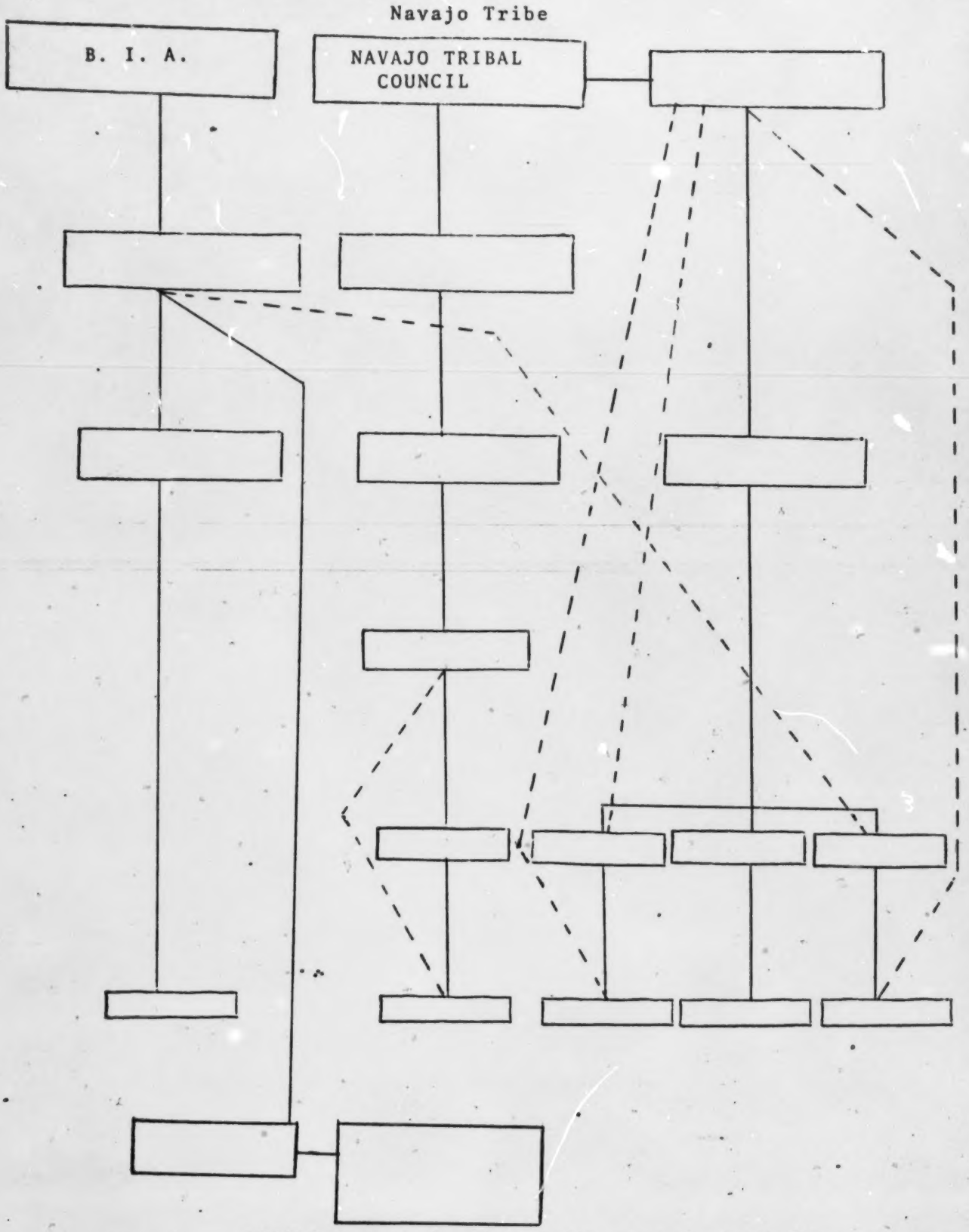
Indian Health Service



Key: _____ Official organizational lines derived from Area organization charts and Service Unit proposed organization charts.

-------- Employee concept of official organizational lines.

With Employee Concept of Official Organizational Lines

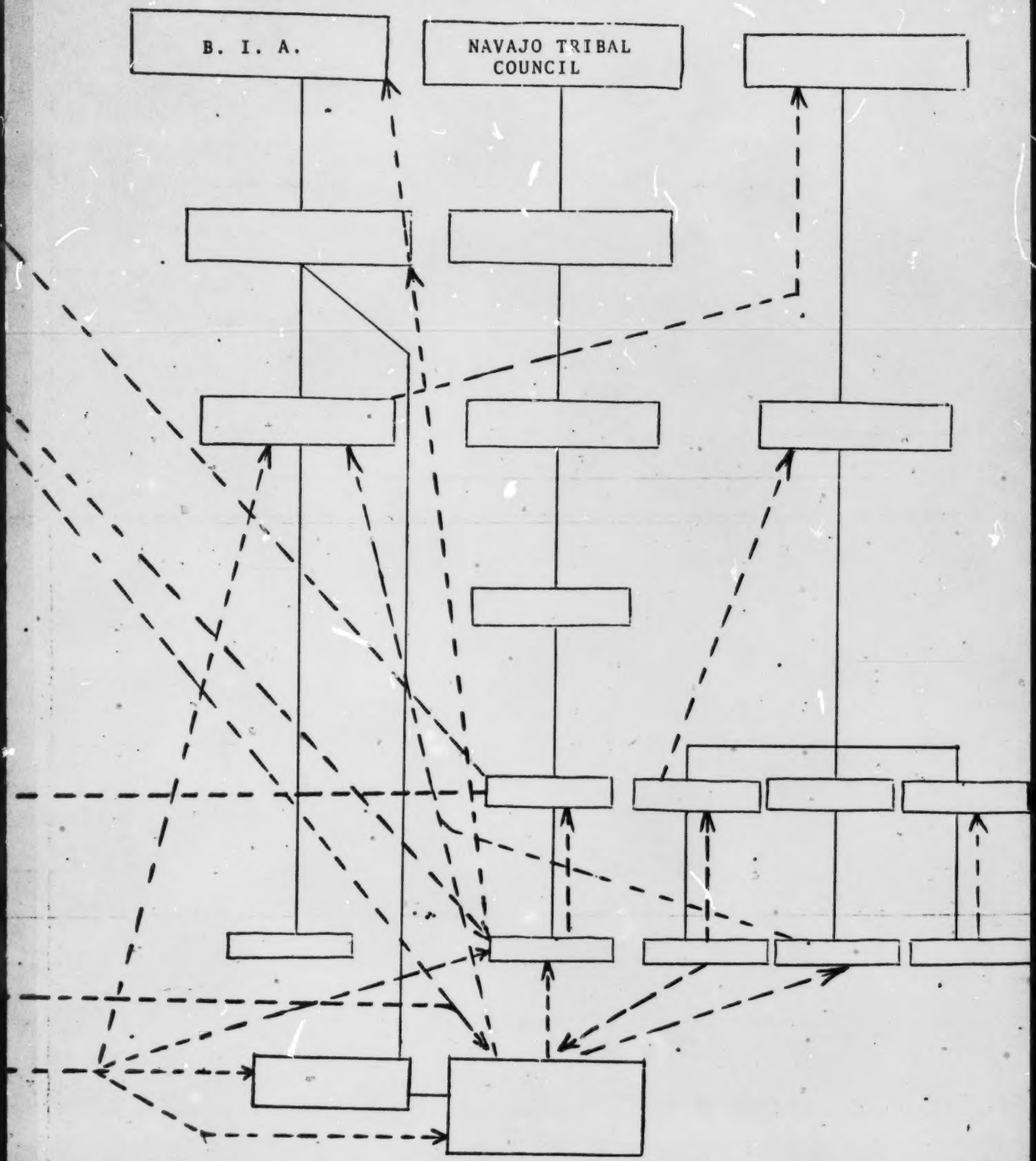


Key: ____ Official organizational lines as derived from Tribal organization charts.
---- Employee concept of official organizational lines.

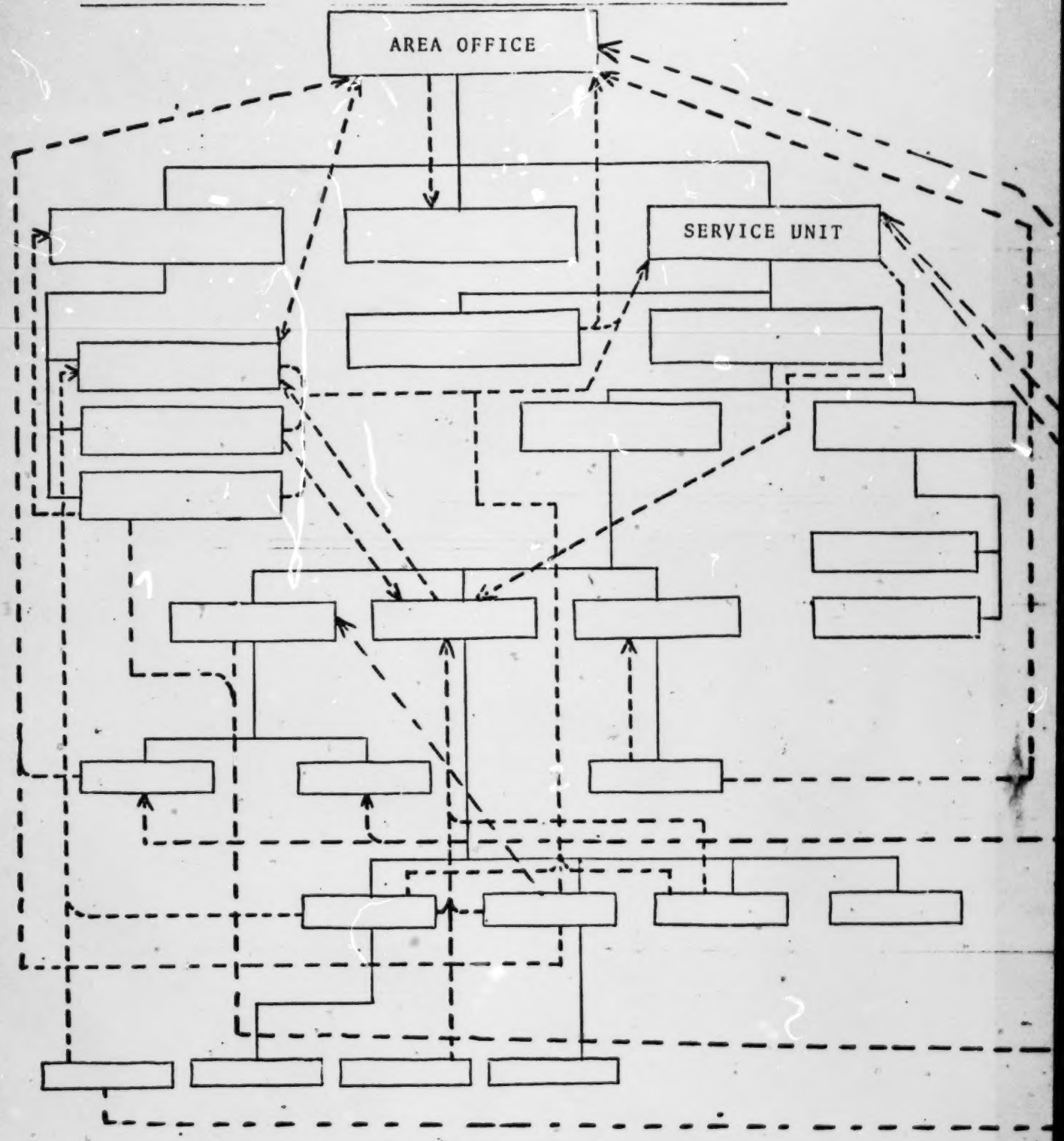
Lines of Idea Exchange

In answer to our questions 29,"To whom do you take your ideas"? and 30, "If you needed help in your job, who would you ask"?, we compiled the information and plotted it on official organizational charts to show how informal lines of idea exchange differ from official chains of command.

There is an informal exchange of ideas between Indian Health Service and Tribal organizations. However, these often (32 times out of 38) do not follow official lines of communication but flow up and down and criss-cross organization lines. For example: to complete one project at Canoncito, we found people discussing their ideas with workers in two different service units and two different area offices.


B. I. A.
NAVAJO TRIBAL COUNCIL

Informal Lines of Idea Exchange



Key: _____Official organizational lines
-----Informal lines of idea exchange

Absence of lines indicate those persons who were not interviewed.

Communication within Organizations

This facet of the investigation was directed to personnel connected with the delivery of health services at Canoncito Navajo Community. Due to the complexity of the organizational structure, the individuals interviewed were grouped into Indian Health Service employees and Navajo Tribal employees. Thirty-four people were interviewed of which twenty-four represented the Indian Health Service and ten were employed by the Navajo Tribe. Four people answering this questionnaire did not belong to these groups and their responses were not included in this analysis.

Results of each question:

Question #12 Do you make out reports?

Eighteen of the 24 IHS employees stated that they made out reports; all 10 of the Navajo Tribal employees interviewed made out reports.

Question #13 How often do you make out reports?

Eighteen IHS employees made out 18 monthly reports, 1 weekly report, and 1 special report.

Question #14 Where are the reports sent?

Answers to this question showed a wide range of distribution for these reports. Some reports are sent to people other than the interviewees' supervisor. For example, 6 of 13, IHS field employees indicated that their reports go directly to the Area Office, whereas the other 7 go through their supervisors. Navajo Tribal employees sent their reports to their supervisors but none were sent to the local Chapter officials.

Question #15 What kind of results do your reports bring?

Eleven of 18 IHS employees who make out reports felt their reports brought results. Four of those were employees in direct contact with consumers. Seven of 18 saw no results.

Five of 7 reports which brought no results were from consumer contact employees. The type of results obtained ranged from minimal (reports only discussed), to maximal (influenced management division).

Eight of the 10 Navajo Tribal employees who made reports felt they could see results. They felt that some needs of the people had been met as a result of their reports and that this was a good way to get action.

Question #15 Do you feel your reports are necessary?

Twenty-seven of 28 employees interviewed felt their reports were necessary.

Question #17 Do you receive reports?

Of the IHS employees interviewed, 16 of 24 received reports, and 5 of the 10 Navajo Tribal employees received reports.

Question #18 How often do you receive reports?

Of the 16 IHS employees receiving reports, 9 received monthly reports, 3 received quarterly reports, and 2 received weekly reports. The others received them "occasionally" and "too often".

Of the 5 Navajo Tribal employees receiving reports, 2 received monthly reports, 2 received bi-monthly reports, and 1 received "occasional" reports.

Question #19 From whom do you receive reports?

Among the 16 IHS employees interviewed, 7 were receiving reports from subordinates, 7 were receiving reports from superiors, and 2 received reports from co-workers.

Of the Navajo Tribal employees, 3 of 5 received reports from subordinates, while only 1 received a report from a superior and 1 received a report from a co-worker.

Question #20 What kind of results do these reports bring?

Twelve of 16 IHS employees felt they responded to the reports they received. These employees felt they were better informed and were able to make better decisions through receiving reports, because it brought discussion of problems and helped in long-range planning.

Of the Navajo Tribal employees, all felt they responded to reports sent them.

Question #30 Do you feel these reports are necessary?

Twelve of 16 IHS employees felt the reports they receive were necessary, and all 5 Navajo Tribe employees felt the reports were necessary.

Question #31 How do your co-workers communicate their ideas to you?

Of 24 IHS employees interviewed, there were 32 responses to the question. Twenty-five responses indicated verbal communication and seven were by written report or memo.

Of the 10 Tribal employees interviewed, there were 12 responses; 11 were by verbal communication, and 1 was by written report or memo.

Question #32 How do you communicate with your boss?

Of 34 employees interviewed, 24 from IHS gave 36 responses, and 10 from the Navajo Tribe gave 13 responses.

Twenty-nine of 36 IHS responses show they communicate with their supervisors by verbal contact and 7 communicate by written reports and memos.

Of the Navajo Tribal response, 12 were by verbal communication and 1 was by written report or memo.

Question #33 Does your boss come to you or do you go to your boss?

Fifteen of 24 IHS employees reported that the boss came to them and they went to their boss equally. Five stated they went to their boss most often, and four felt the boss came to them most often.

Five of the 10 Navajo employees felt the boss came to them, and they went to their boss equally, while 5 indicated they went to their boss most often.

Question #34 Do you attend meetings pertaining to your job?

Twenty-three of 24 IHS employees attended meetings with staff meetings predominating.

Nine of 10 Navajo Tribal employees attend meetings with Tribal meetings and regular staff meetings being the ones most commonly mentioned.

Communication between Organizations

Communication between organization is illustrated in the data gathered from the following six questions:

Question #22 Do you have a regular method for coordinating services to Canoncito with other agencies?

Of 38 responses, 28 were positive and 10 were negative.

It was not uncommon to encounter the response "I have no regular assignment to coordinate my discipline with other health workers" or "It is not my responsibility to coordinate with other offices". In the same vein, "I leave this to my superior" or "I don't know what other agencies are doing".

Question #23 What other agencies do you work closely with?

Thirty-six of 38 people interviewed gave 102 responses which grouped into the following categories.

Agencies listed are as follows:

Navajo Tribe
- Canoncito Chapter
- Community Action Program
- Office of Navajo Economic Opportunity
- Reservation Acceleration Program
- Community Health Representative Program
- Emergency Food Program

PHS Indian Health, Albuquerque Area
- Public Health Nursing
- Social Service
- Maternal & Child Health Program
- Otitis Media Program

PHS Indian Health, Navajo Area
- Crown Point Service Unit

State of New Mexico
- University of New Mexico
- New Mexico Public Health Association
- Welfare Department

State of New Mexico(Continued)
- Public Schools
- Volunteer Agencies
- Social Service
- Vocational Rehabilitation
- Crippled Children
- State and County Hospital

United Pueblo Agency
- Private Albuquerque Hospital

Other Federal Agencies
- Social Security
- Veterans Administration
- Bureau of Indian Affairs
- Indian Leadership Training Center
- Crown Point Service Unit

All those responding listed at least two categories they worked with and one listed 10. Two did not work with other agencies.

Question #25 Do you refer people to other programs?

Thirty-three of 38 employees interviewed indicated that they did refer people to other health programs. Five indicated they did not refer to other programs.

Categories or services listed are as follows:

Navajo Tribe
- Food Distribution Program
- Alcoholism Program
- Community Health Representatives
- Canoncito Chapter Officials
- Navajo Tribal Officials

PHS Indian Health, Albuquerque Service Unit
- Otitis Media
- Social Service
- Sanitation
- Public Health Nursing
- TB Program
- Mental Health Program

State of New Mexico
- Crippled Childrens Program
- Welfare Department - caseworker
- Public Schools
- Bernalillo County Medical Center
- Bernalillo County Welfare
- State Health Department
- Association for the Blind

United Pueblo Agency

Other
- Bureau of Indian Affairs - Tribal caseworker
- Veterans Administration
- Twin Lakes Alcoholism and Rehabilitation Center (church program)

From the above list, those receiving the most referrals are as follows:

1. Eight sources referred to the Albuquerque State Welfare Department
2. Seven referred to the Community Health Representative
3. Five referred to Bernalillo County Welfare Department

Question #26 Do other health workers refer people to your programs?

Thirty of 38 employees interviewed indicated that other health workers refer people to their program. Eight indicated they did not receive referrals from other health programs.

Question #27 How do you communicate with other community health workers?

Thirty-eight employees gave 48 avenues of communication as follows:

Verbal	
Face to face (Individual or group contact)	25
Phone	5
Messenger	7

	Written	3
	Positive response without explanation	5
	No communication	3

Question #28 Do you go to them or do they come to you?

Go to them	4
Come to you	12
Both	20
No response	2

Communication between Organization and Community

Introduction

The questions that follow are related to the communications between the organizations involved in health care delivery and the Canoncito community.

Question #4 What services do you provide to the people at Canoncito?

The services provided to Canoncito can be grouped into the following three categories:

1. direct services
2. administration and management services
3. counseling and education services

Direct services included medical care, hearing tests, immunizations, repairing and painting of homes, water sampling for possible contamination, transportation for sick people, and community health surveillance activities. Examples of administration and management services were maintenance of medical records, management of contract medical care, administration of water systems project, and initiation of training programs. Counseling and education services included instructions in health problems, tutoring of Indian students attending public schools, counseling patients with marital, alcoholism and anxiety problems, and employment counseling for adults and high school students.

Thirty-seven people were interviewed, several providing multiple services. All respondents provided some service. Final results showed that 19 people provided 28 administrative-management services, 19 provided 30 direct care services, and 12 provided 20 counseling and education services.

Question #5 How often do you come to Canoncito?

Out of the thirty-seven responses analyzed from the formal organization, ten live in Canoncito. Of the others, one comes three times per week, eighteen come less than once

a week, four come once a week, and four do not come to Canoncito.

Question #6 How do you let people know you are coming to Canoncito?

In the number of responses given, 32 of those interviewed let Canoncito people know by the following methods: phone, posted schedules, home visits, and Tribal meetings. It was interesting to note that those contacted most were Tribal employees or school personnel. Five of those interviewed stated they would usually come to Canoncito unannounced.

Question #7 Do you have an official contact person in Canoncito?

Twenty-four out of the thirty-six people interviewed stated they had a specific contact person in the community. Responses to this question were directed at four major contact groups: the Public Health Nurse, Tribal employees, the Clinic Physician, and Community Action Committee.

Question #8 Is there a regular chain of ~~command~~ communication between you and Canoncito?

Responses to this question seemed to repeat question number seven. The answers were vague with only one person identifying a regular chain of command.

Question #9 Do you have a regular way of finding the health priorities of the people at Canoncito?

Health priorities of Canoncito came through two major channels. Eleven of 14 Tribal employees indicated that there were regular channels of communications. Indian Health employees were divided, but 12 of 20 indicated regular channels. Ten of twenty-three positive respondents indicated the Chapter Officers as their regular channel of communication.

Question #10 Do you receive requests from the community for health services?

There are twenty-two Indian Health Service employees involved in the services given to Canoncito who were interviewed. Fourteen reported they did receive requests for services while eight stated they did not. Seven Tribal employees reported they did receive requests and four did not.

Question #11 Is there a follow-up on health programs at Canoncito?

Seventeen out of twenty-two Indian Health Service employees indicated that follow-up programs were being conducted, while eleven of fourteen Tribal employees gave a positive response. Several felt that follow-up was haphazard.

Question #24 Do you feel there are good communcations between Chapter officials and yourself concerning health services at Canoncito?

Nineteen of the people interviewed (16 PHS and 3 Tribal employees) felt that there was good communication, while 16 (9 PHS and 7 Tribal) felt that there was poor or no communication. This implies that Public Health Service employees generally feel that communications are good, while Tribal employees generally feel that communications are bad.

Opinions of Usefulness of Project and Previous Projects identified

Introduction:

The discussion and orientation of the health problems at the Canoncito Area by the Tribal members and the Indian Health Service officials prompted the Health Services Management trainees to choose a project in reference to the Delivery of Health Service as it applies to communication. A series of questions were asked to many of the workers involved in the direct health service of the people at Canoncito. The purpose in asking question number thirty-five was to find out if the type of information obtained from this project would be of use to the people involved in the direct health service care.

In reference to Question number thirty-six related to other studies and/or projects in the Canoncito Navajo Area, this question was asked to see if additional background information could be obtained.

Question #35 In your opinion, what type of information from a project such as this would be of use to you?

Findings:

In general, the Albuquerque Area Office and the Albuquerque Service Unit seem to have similar opinions as to the usefulness of this report. The opinions given to us are summarized as follows: The improvement of all aspects of communication to all levels, i.e., health workers, tribal officials, service unit personnel up to the area level are important in the objectives of the data received. Information as to where the deficiences are and recommendations on how to improve them, both on a formal and informal level are important. The information from this type of project will also be of value to outside agencies concerning the coordination of health services at Canoncito. Results from a project such as this would give an honest objective appraisal of the communication problems and would eliminate any type of "artificial feedback" that results from poor communication.

The opinions from the Laguna Health Clinic stated that Language and Cultural barriers are a problem between the Laguna Health Clinic and the people of Canoncito. They were also of the opinion that information from this project would improve communications between the Tribal officials, the community members, and the staff at the Laguna Clinic.

The people of the Canoncito Navajo Community who are employed by some agency stated that this project would be helpful if better communications could be developed between the people of the community and various agencies that provide services. They stated that this project should make the people of the community realize they must work together if they are going to improve their reservation. Many of the people interviewed considered themselves new employees and felt that information obtained from this project would be very helpful to them.

Table I shows the breakdown of the thirty-seven responses into percent and numbers of the data collected as to the useful, non-useful or uncertain opinions of the value of this information.

Table I Total opinions as to the usefulness of the data obtained from this project:

	Useful	Non-Useful	Uncertain
Area	8(22%)	1(3%)	0
Canoncito	14(37%)	0	0
Service Unit	5(14%)	0	1(3%)
Laguna Health Clinic	6(16%)	0	0
Others	2(5%)	0	0

Discussion:

The majority of the people surveyed (94%), stated that the information obtained from this project would be useful to them and their organization. Three percent were uncertain, but stated that this depended upon the type of information obtained from the report.

At the area level, twenty-two percent of all the people surveyed, were of the opinion that the information obtained from this project would be useful. In the Canoncito Area, thirty-seven percent were of the same opinion. This was followed by the Laguna Health Clinic, sixteen percent, the Albuquerque Service Unit, fourteen percent. Others concerned totaled five percent.

Question #36 Do you know of any other studies related to coordination of services at Canoncito?

Findings:

It was apparent that little or no information was available as to other projects and/or studies made in the Canoncito Area. Some of the Tribal members were aware of some type of project done in the summer of 1971, but were not sure what it was.

Discussions:

Results from this survey indicate that nineteen percent of the total people interviewed had some vague knowledge of previous tudies. From the total people interviewed at the Area and Service Unit levels (includes Laguna), only eleven percent knew of the previous studies. At the community level, thirty-six percent of the people interviewed who provided health services and Tribal management had a vague idea of other studies. The references obtained during the interviews are as follows:

1) Mid-Rio Grand Planning counsel study by Rudolph Pendall.

2) Regional Medical Program (Associated with the Albuquerque Medical School).

3) South Pueblo - Did some data gathering some years back.

This information came from the Service Unit level:

4) Water Rates Analysis and Proposed Plan of Operation of the Canoncito Water Users Association, July, 1970.

This information came from the Area level:

5) Tribal Study by the Navajo Indian Community Action Program.

6) Navajo Home Improvement Project - PAS (Hip)

This information was obtained from the health service workers and Tribal official in the Canoncito Area.

Analysis of Health Services Consumer Survey

Introduction:

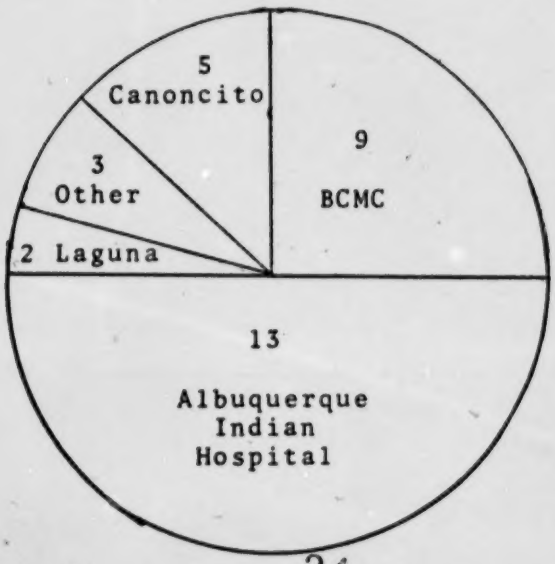
The health services consumer's survey was developed to obtain information in three major areas: First, to determine the knowledge and use of health service locations. Including an attempt to determine why they went to a particular location and if they had any problems in getting there. Secondly, to find out the community awareness of health services and the availability of health personnel in Canoncito. The first two questions together also represent an effort to view the effectiveness of communication about health services at the consumer level. Thirdly, to see what problems the people see facing the community and their families as related to the Tribal council's list of priorities. Appendix IIa should be referred to see the actual form of the questionnaire. The distribution of interviewed consumer families may be found in Appendix IIb.

Question Ia When you last had a health problem, where did you go?

Findings Out of 32 people interviewed:

13 (41%) went to Albuquerque Indian Hospital
9 (28%) went to Bernalillo County Medical Center
5 (16%) went to Canoncito Field Clinic
2 (6%) went to Laguna Health Center
3 (9%) went to other facilities

Ia Distribution of Location (sample - 32)



Discussion

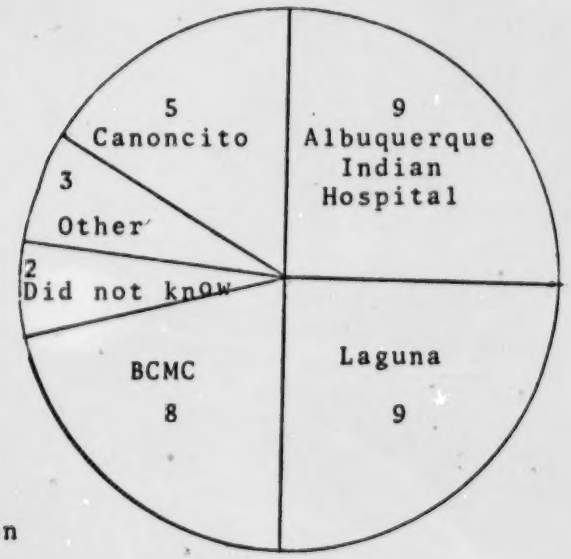
The majority (69%) of the people interviewed went to Albuquerque for their health needs. It was commonly stated that in going to Albuquerque one could also do their shopping and get water. Some people also stated they did not go to Laguna because they were of the opinion that the Pueblo patients were treated first and the wait was too long.

Question Ib Is there any other place you could go to for health problems?

Findings Out of 36 answers given:

9 (25%) gave the Albuquerque Indian Hospital as another location they could use
9 (25%) Laguna Health Center as another location they could use
8 (22%) Bernalillo County Medical as another location they could use
5 (14%) Canoncito Field Clinic as another location they could use
3 (8%) Went to other facilities
2 (6%) did not know of other facilities

Distribution of alternative health locations mentioned



Discussion

The large majority (94%) of those interviewed knew of other health facilities.

Question Ic How did you go there?

Findings Of the 32 persons interviewed:

25 (79%) provided their own transportation
3 (9%) paid someone for transportation
3 (9%) were furnished transportation by a friend or employer
1 (3%) was taken by the Community Health Representative

Discussion

The majority (78%) of the people interviewed were able to take care of their transportation either with their own car or a member of the families' car. However, those without their own transportation stated it was often difficult to fi.d someone to provide them with transportation.

Question Id Who told you to go there?

Findings Of the 32 people interviewed:

18 (52%) were referred by self or family
14 (44%) of those were self-referred
4 (12%) of those were sent by family
11 (36%) were referred by health workers
8 (26%) of those were sent from the clinic
2 (6%) of those were sent by the TB worker
1 (3%) of those were sent by the Field Health Nurse

Of the other 3 (9%):

1 was sent by the employer
1 was sent by Tribal officials
1 made no response

Discussion

More than half of the people either came at their own initiative or at the urging of their family. Also over one-third of the sample had in some way been reached by one of the health workers in the community for referral.

Question IIa Are there people in Canoncito that a person could go to concerning TB, Alcoholism, Dental Care, Maternal and Child Care, and Donated Food?

Figure I

	Female		Male		Total	
	Yes	No	Yes	No	Yes	No
TB	8	10	8	6	16	16
Alcoholism	7	11	9	5	16	16
Dental Care	4	14	4	10	8	24
Maternal and Child Care	11	7	4	10	15	17
Donated Foods	14	4	10	4	24	8

Question IIb Does Canoncito have the following workers; nurse or doctor, CHR, Sanitarian, Mental Health Worker, Ear Specialist, and Nutritionist?

Figure II

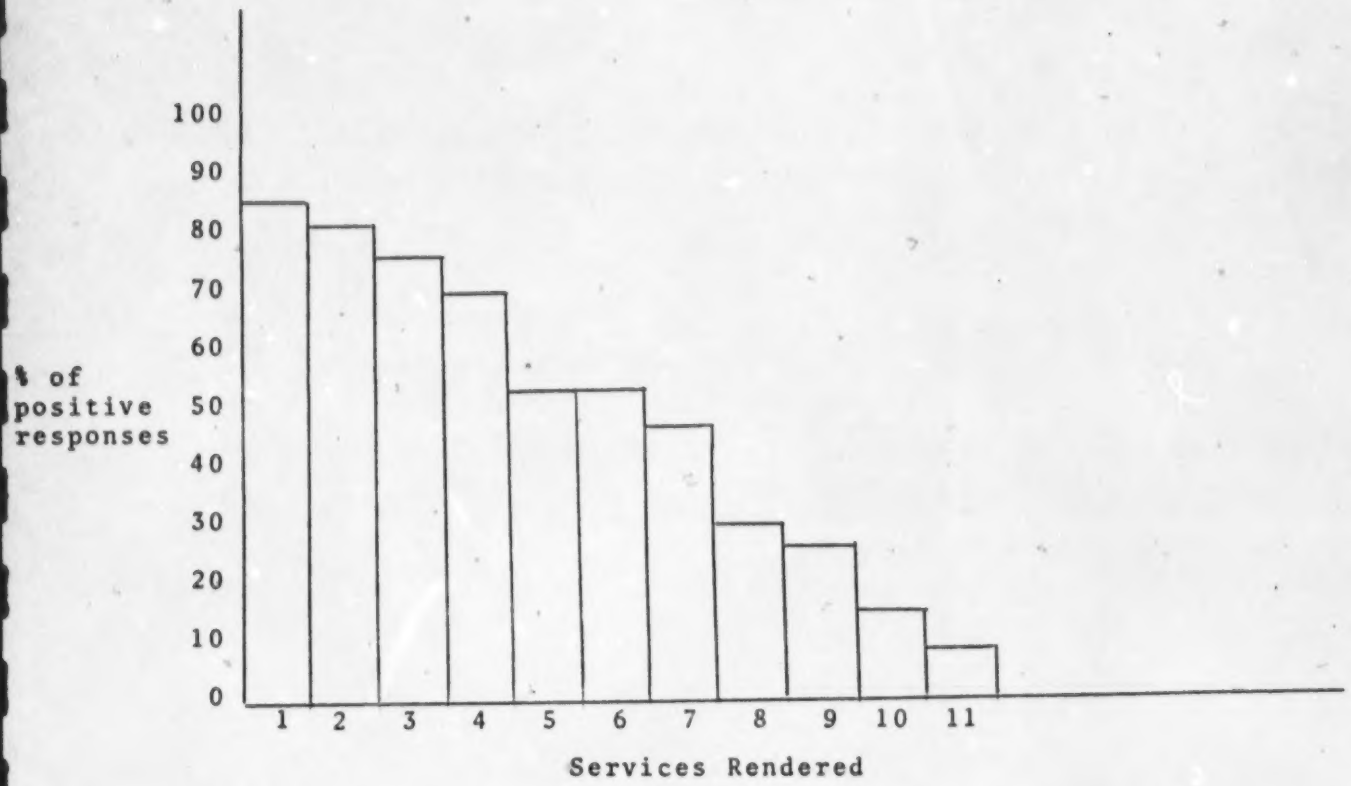
	Female		Male		Total	
	Yes	No	Yes	No	Yes	No
Nurse or Doctor	15	3	12	2	27	5
CHR	13	5	13	1	26	6
Sanitarian	2	16	2	12	4	28
Mental Health Worker	5	13	4	10	9	23
*Ear Specialist	13	5	9	5	22	10
Nutritionist	1	17	1	13	2	30

*This is the Otitis Media Worker, however, the term ear specialist was used because of translation problems.

Question IIa and b Distribution of Positive Responses

Services Rendered

Figure III



Key to Figures:
1) Doctor
2) CHR
3) Donated Foods
4) Ear Specialist (Otitis Media Worker)
5) TB
6) Alcoholism
7) Maternal and Child Health
8) Mental Health Worker
9) Dental Care
10) Sanitarian
11) Nutritionist

Discussion of Questions IIa and b

1) Figure III shows that the greatest number of positive responses centered around four services: (1) doctor or nurse; (2) CHR; (3) donated foods; and (4) ear specialist (Otitis Media Worker).

2) Figure III also reveals the least number of positive responses centering around: (1) mental health worker; (2) sanitarian; and (3) nutritionist.

3) These trends displayed in Figure III suggest that the people interviewed were more aware of certain services than others.

4) It should be noted that the question of dental care was entered to check the validity of other responses since no dental care is available at Canoncito. After the questionnaire was administered, however, it was learned that a mobile dental unit was in Canoncito two years ago. Consequently, a uniform negative response could not be expected and the purpose of the question was lost.

Question III What are the problems facing the Canoncito Navajo Community?

Findings Out of the total of 32 people interviewed, 27 people gave a total of 75 responses which grouped into 25 problem areas facing the community. Five people did not state any problems. The problems that appeared with the greatest frequency were:

Problem	Frequency*
Water	20
Bad roads	9
Transportation	9
Housing	6
Alcoholism	5
Communication	3
Dental care	3
TB	2
Electricity	2

*Number of people stating problem.

Other community problems stated but only by one person are as follows:

Emergency transportation
Full-time health facility
Clinic in Canoncito should be open more often
Cold
Unemployment
Schools too far away
Recreation
General store needed on reservation
Garbage collection and disposal
Wood
Dogcatcher
Policeman
Emergency medical treatment
Food
Mental health
Ear problems

Question IV What are the health needs of your family?

Findings From the 32 people interviewed, 26 people gave a total of 53 responses which grouped into 19 family health needs and 6 people did not state any needs. Those needs appearing with the greatest frequency were:

Need	Frequency*
Water and plumbing	15
Housing	5
Transportation	4
Visual problems	4
Wood	3
Dental	3
TB	2
Physician should come more often	2
Emergency care	2
Food	2
Electricity	2
Bad roads	2

Other needs stated but only by one person are as follows:

More attention with follow-up
Alcoholism
Cost of traditional health care too high
Sickness
Emotional problems
Distance to clinics
Things recommended we can't afford

*Number of people stating problem.

Discussion of Questions III and IV

These two questions were found to have a great deal of overlapping in the received responses. Many of the people interviewed saw the community problems and their family needs as being identical. In the analysis of the findings from the two questions, three major areas emerged:

Question	III	IV
	Frequency	Frequency
Water	20	15
*Transportation	19	7
+Housing	9	10

The main problem areas as stated by the Tribal Council were, in priority order:

1) Expansion of the water system
2) An effective TB control program
3) Establishing a local alcohol rehabilitation facility
4) Program for the aged
5) Day care center

*Transportation including bad roads and emergency transportation.
+Housing - including electricity and wood

SUMMARY

The following is a summary of the major points derived from Health Services Personnel Questionnaire.

The organizational charts show that not all employees are oriented to the overall organizational status of their positions.

The majority of both Tribal and Indian Health Service employees wrote reports. Both groups felt, it is necessary to write and receive reports if results are to be seen in decision making and long range planning. In spite of this fact, both groups indicated that most of their communication was on a verbal level.

Most of the people interviewed were able to refer and coordinate services with other agencies. The local health workers almost universally said they communicated verbally among themselves.

There was generally good communication between the people providing health services and the community. Only five of thirty-two indicated they came to Canoncito unannounced. The majority of those interviewed had an official contact in Canoncito and felt there was a regular channel of communications to determine the health priorities of the people.

It should be noted that the prevailing attitude of those interviewed toward providing services to Canoncito was positive.

The following summarizes the data gathered from the Consumer Survey.

Most people go to Albuquerque for their health needs, but were aware of other places to go.

Although many health services were well-known, several were known by only a few of those interviewed.

The majority of the consumers felt that community problems and their own problems were identical. Three major problem areas were water, transportation, and housing.

RECOMMENDATIONS

Recommendations based on the data gathered and own experience from this project are submitted for consideration. It is the desire of the group that these recommendations be carefully discussed and studied and, if relevant, be incorporated in the overall plan of health delivery to Canoncito.

1. The greatest single need of the community is a health board to whom health workers could report. The group should have a public meeting at least once a month. Functions of the board would be:

   a. To advise the health workers of the needs and complaints of the people,
   b. To advise the people what the health workers are doing,
   c. To distribute reports of the meetings to health workers, Tribal officials, and people in the community.

2. All employees should be made aware of where they fit into the current organizational charts.

3. Program planners should have a detailed knowledge of other agencies so that new programs do not unnecessarily duplicate existing programs.

4. Following are some ways of improving communications within and between agencies:

   a. Requests for services may be initiated by verbal messages, but should be followed up in written form.
   b. A copy of each health worker's monthly report should be sent to the Chapter Health Board.
   c. A permanent file for requests and reports should be maintained by the Health Board.
   d. A calendar of scheduled health-related meetings should be made available.
   e. A list of health workers and key officials should be made available (with addresses and telephone numbers) to the Health Board and consumers. The list should include a short description of the service provided by each worker and agency.

5. The health educator should develop a training program for the health workers which would include such things as:

   a. how to deal effectively with other agencies, and
   b. how to write meaningful routine reports.

6. Some mechanical facilities for improving communications are as follows:

   a. Telephones should be installed at key places in the Canoncito community.
   b. The use of portable two-way radios should be investigated to link the Clinic, environmental health workers, public health nurse, community health representative, community development workers, Tribal officials, and other key personnel.

7. There is a need to improve transportation in order to help people get to health care facilities for routine and emergency care.

8. Chapter officials or the health board should consider making formal contact with Mr. Ward Conaway, PHS Field Engineer, Gallup, New Mexico, and Mr. Bill Pearson, Chief, Sanitation Facilities Construction Branch, Window Rock, Arizona, concerning completion of the Canoncito water system. If homeowner cooperation is found to be a significant deterent to completion of the system, the Chapter officials should consider organization of a water consumer group which might collectively effect the completion of the water system.

9. A program to provide routine home maintenance, fuel, and water for older people on the reservation should be considered.

APPENDIX Ia Questionnaire directed to personnel connected with Health Care Delivery to Canoncito.

A. Outline introducing project to interviewed party

I. Statement of Project Purpose
   A. Training Exercise
   B. Useful Information for Tribe

II. Description of Briefing
   A. Chapter Priorities
   B. PHS Priorities

III. Position of Project - Briefing
   A. Fragmented Health Care System
   B. Communications are partial because of the fragmentation

IV. Questionnaire is an attempt to gather data about communications in a fragmented system

V. The goal of this project is to blend the five priorities of the Chapter with the communication data

Explain five points in terms of the briefing Monday.

(Note to interviewer)

Five Points:

a. Expansion of water system
b. Establishment of TB control center
c. Establishment of local alcoholism rehabilitation facilities
d. Programs for old age
e. Day care center

B. Question List

ORGANIZATION _____

POSITION _____

1. Who is your supervisor?
2. Where is his office?
3. Who do you supervise?
4. What services do you provide to the people at Canoncito?
5. How often do you come to Canoncito?
6. How do you let people know you're coming to Canoncito?
7. Do you have an official contact person at Canoncito? (If so, whom?)
8. Is there a regular chain of communication between you and people of Canoncito?
9. Do you have a regular way of finding out the health priorities of the people of Canoncito?
10. Do you receive requests from Canoncito for health services? (How do you handle the requests?)
11. Is there a follow-up on the health programs at Canoncito? (If yes, can you give some examples?)
12. Do you make out reports? (If yes)
    13. How often?
    14. Where are they sent?
    15. What kind of results do your reports bring?
    16. Do you feel these reports are necessary?
17. Do you receive reports?
18. How often?
19. From whom?
20. What kind of results do the reports bring?

21. Do you feel these reports are necessary?

22. Do you have a regular method for coordinating services at Canoncito with other agencies? (Probe!)

23. What other agencies do you work closely with?

24. Do you feel there are good communications between chapter officials and yourself concerning health services at Canoncito? (Probe!)

25. Do you refer people to other programs for services? (If yes, to whom?)

26. Do other health workers refer people to your program? (If yes, whom?)

27. How do you communicate with other community health workers?

28. Do you go to them or do they come to you?

29. To whom do you take your ideas? (Probe!)

30. If you needed help in your job, who would you ask?

31. How do your co-workers communicate their ideas to you?

32. How do you communicate with your boss?

33. Does your boss go to you or do you go to him?

34. Do you attend meetings pertaining to your job? (Probe!)

35. In your opinion, what type of information from a study such as this would be of use to you?

36. Do you know of any other studies related to coordination of services at Canoncito?

APPENDIX Ib

Canoncito Navajo Community:

Chairman, Canoncito Chapter of Navajo Tribe
Secretary-Treasurer, Canoncito Chapter of Navajo Tribe

Albuquerque Area Office:

Chief, Office of Environmental Health
Chief, Area Social Service
Director of Mental Health
Mental Health Nurse Consultant
Mental Health Coordinator
Chief, Maternal and Child Health
Chief, Training Officer
Otitis Media Aide, University of New Mexico, (Contract Care)

Albuquerque Service Unit:

Service Unit Director
Service Unit Administrator
Clinical Director
Director, Public Health Nursing
Health Educator
Dietitian, P.H.S. Hospital, Albuquerque, New Mexico
Medical Records Librarian, P.H.S. Hospital
Canoncito Nurses Aide - Interpreter

P.H.S. Indian Health Center, Laguna, New Mexico:

Medical Director
Field Medical Officer
Dental Officer
P.H.N. Clinic Nurse
Sanitarian Technician Aide
Medical Records Clerk

Window Rock Area: (Construction Facilities Branch)

P.H.S. Field Engineer

Navajo Tribe, Window Roc, Arizona:

Community Health Representative
Purchasing Agent, Donated Foods
Donated Food Worker
O.N.E.O. Instructor, Pre-Vocational Training
O.N.E.O. Community Alcoholism Worker

Navajo Tribe, Crownpoint, New Mexico:

O.N.E.O. Alcoholism Coordinator
C.H.R. Coordinator
Community Development Worker
Health Education Aide

Others:

Tribal Case Worker, B.I.A. Employer
Teachers Aide, New Mexico Public Schools
Minister, So. Baptist Church
Minister, Pentecostal Church

APPENDIX IIa Questionnaire directed to Canoncito Navajo Community members (Consumers) Male _____ Female_____

I. When you last had a health problem:

A. Where did you go?
_____Canoncito Clinic
_____Laguna Clinic
_____Albuquerque Indian Hospital
_____BCMC
_____Other_____

B. Is there any other place you could go for health problems?

C. How did you go there?

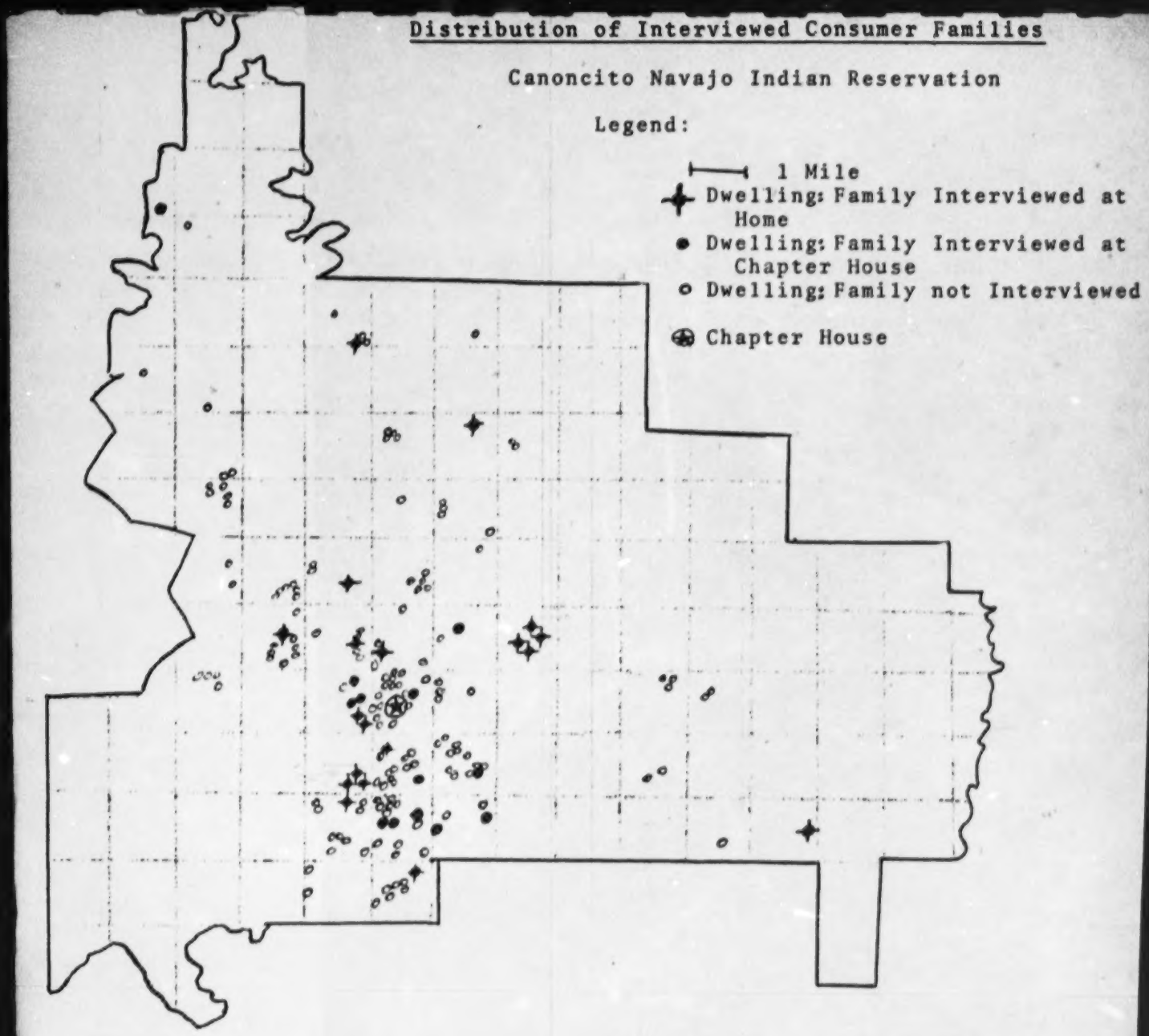
D. Who told you to go there?

II. Are there people in Canoncito that a person could go to concerning:

		YES	NO
IIA			
a.	TB	___	___
b.	Alcoholism	___	___
c.	Dental care	___	___
d.	Maternal and child health	___	___
e.	Donated Food	___	___
IIB	Does Canoncito have the following Workers?		
f.	Nurse or doctor	___	___
g.	Community Health Representative	___	___
h.	Sanitation	___	___
i.	Mental health worker	___	___
J.	Ear specialist	___	___
k.	Nutritionist (food advice)	___	___

III. What are the problems facing the Canoncito Navajo Community?

Iv. What are the health needs of your family?


Distribution of Interviewed Consumer Families
Canoncito Navajo Indian Reservation
Legend:
1 Mile
Dwelling: Family Interviewed at Home
Dwelling: Family Interviewed at Chapter House
Dwelling: Family not Interviewed
Chapter House

APPENDIX III LIST OF INSTRUCTORS

HEALTH SERVICES MANAGEMENT COURSE
IHS DESERT WILLOW TRAINING CENTER
TUCSON, ARIZONA

January 24 - February 11, 1972

STAFF ROSTER (January 24-28, 1972)

Mollie Benson, Retired Chief, Office of Personnel, ORD, Tucson, Arizona

Ted Garratt, Associate Director for Health Information Systems, ORD, Tucson, Arizona

Charles Erickson, Associate Director for Operations, ORD, Tucson, Arizona

Roger Haskell, M. D., Deputy Director, Portland Area IHS, Portland, Oregon

James Justice, M. D., Chief, Community Health Medic Program, ORD, Tucson, Arizona

Robert Marsland, Area Director of Training, Phoenix Area Indian Health Service, Phoenix, Arizona

Jerry Meketon, Ph. D., Chief, Mental Health Technician Training Program, DWTC, Tucson, Arizona

Ralph Myhre, Chief, Community Health Representative Training Program, DWTC, Tucson, Arizona

Nadine H. Rund, Ph. D., Training Consultant, Management Training and Field Assistance, DWTC, Tucson, Arizona

Irving H. Schlafman, Chief, Management Training and Field Assistance, DWTC, Tucson, Arizona

Vicki Shulock, Staff Assistant, Management Training and Field Assistance, DWTC, Tucson, Arizona

Rozina Taylor, Clerk-Typist, Management Training and Field Assistance, DWTC, Tucson, Arizona

APPENDIX IV LIST OF TRAINEES

HEALTH SERVICES MANAGEMENT COURSE
Desert Willow Training Center
January 24-February 11, 1972

TRAINEE ROSTER

1. Helen Bostwick
Director of Nursing
Clinton, Oklahoma

2. Fredrick J. Bradley
Service Unit Director
Cherokee, North Carolina

3. Charles G. Burr
Social Worker
Keams Canyon, Arizona

4. LaMonte B. Christensen
Budget Officer
Albuquerque, New Mexico

5. Ronald L. Cleveland
Pharmacist-Admin. Officer
Brigham City, Utah

6. Madge Clifford
Field Clinical Nurse
Pine Ridge, South Dakota

7. Anna R. Coleman
Therapeutic Dietitian
Phoenix, Arizona

8. Annabelle Engbers
Sup. Clinical Nurse
Anchorage, Alaska

9. Stephen Groft
Chief, Pharmacy Service
Chamberlain, South Dakota

10. Lee J. Halle
Chief, EHSB
Tucson, Arizona

11. Warren V. Judd, D.D.S.
Dep. Chief, Dental Svcs.
Anchorage, Alaska

12. Rosemary R. Kenney
Chief, Dietitian
Fort Defiance, Arizona

13. Thomas J. Long
Hosp. Administrative Officer
Browning, Montana

14. Luke McIntosh (Cancelled)
Administrative Officer
Tahlequah, Oklahoma

15. William A. Paton, M.D.
Community Health Director
Fort Washakie, Wyoming

16. M. Rupert Sandoval
Chief of Microbiology
Phoenix, Arizona

17. Daniel W. Stahley
Pharmacy Resident
Gallup, New Mexico

18. John Sundell, D.D.S.
Dental Officer
Lapwai, Idaho

19. Donald Swiatek, M.D.
General Medical Officer
Dulce, New Mexico

20. Frances E. Walker
Director of Nursing
Fort Defiance, Arizona

21. Gordon J. Wilson
Community Health Director
Poplar, Montana